

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-004389

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

85

STATE FILE NUMBER

FILED JAN 11 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

2302a So. 10th St.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Inside Limits

Yes ☒ No ☐c. CITY
OR
TOWN

St. Louis

d. STREET
ADDRESS(If outside, give location)
2302a So. 10th St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Irene

Middle

Regan

Last

4. DATE

Month

Day

Year

Jan. 1, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

5/17/95

9. AGE (last birthday)

66

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housekeeping

10b. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

----- Hartman

13b. MOTHER'S MAIDEN NAME

unknown

14. NAME OF HUSBAND OR WIFE

Patrick C. Regan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

James W. Regan - 2300a So. 10th St.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

And right side of body suffered when spilled with

hot coffee in her home, on Dec. 10th 1961.

DUE TO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CAUSING IT (e.g., if deceased was female was there a pregnancy in last 90 days.)

Accident 9/7-0-17

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

A

☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See above

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

12-10-61

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

23 Home

20f. CITY, TOWN, OR LOCATION

St. Louis, Mo

COUNTY

STATE

21. I attended the deceased from

to

and last saw her

him alive on

Death occurred at

1412 P

(Date or time)

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Date or time)

22b. ADDRESS

1300 Clark

22c. DATE SIGNED

1-4-62

23a. BURIAL, CREMATION, REMOVAL

23b. DATE

1/5/62

23c. NAME OF CEMETERY OR CREMATORY

Resurrection Cem.

23d. LOCATION (City, town, or county)

St. Louis Co., Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

WACKER-HELDERLE 3634 Gravois

25. DATE RECD. BY LOCAL REG.

JAN 4 1962

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Flaura M. Bello

Licensed Embalmer No. 4375

P. O. Address

St. Louis 23, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
- If this body is not embalmed, fact should be so stated above.